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<b>Attention:</b> Group Art Unit: 1795	<b>From:</b> Travis Dodd
<b>Fax:</b> 571-273-8300	<b>Fax:</b> 818-833-2065
<b>Phone:</b>	<b>Phone:</b> 818-833-2014
<b>Company:</b> U.S. Patent and Trademark Office	<b>Company:</b> Quallion LLC
	<b>Pages:</b> Total of (19) Pages
<b>Re:</b> Application Serial No.: 10/612,439 Title: IMPROVED POSITIVE ELECTRODE MATERIAL FOR LITHIUM ION BATTERIES Filed: July 1, 2003 Examiner: John Maples Group Art Unit: 1795 Attorney Docket No.: Q170-US1	<b>Date:</b> May 26, 2009

☐ Urgent    ☒ For Review    ☐ Please Comment    ☒ Please Reply    ☐ Please Recycle


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Amendment Transmittal Letter (1 page)  
Fee Transmittal (1 page)  
Amendment (16 pages)

Lisa K. Robbins  
(Name of Person Signing Certificate)

  
(Signature)

### Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/19 \* RCVD AT 5/26/2009 7:16:37 PM [Eastern Daylight Time] \* SVR:USPTO-EFAX-5/37 \* DNIS:2738300 \* CSID:8188332065 \* DURATION (mm-ss):03-30

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/612,439
		Filing Date	July 1, 2003
		First Named Inventor	BELHAROUK, Ilias et al.
		Group Art Unit	1795
		Examiner Name	John Maples
Total Number of Pages in This Submission		Attorney Docket Number	Q170-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks: _____		

Customer Number or Bar Code Label	31815 <i>(Insert Customer No. or Attach bar code label here)</i>
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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 5/26/2009

Phone: (818) 833-2003  
 Fax: (818) 833-2065

By: \_\_\_\_\_

Travis Dodd  
 Attorneys for Applicant(s)  
 P.O. Box 923127  
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

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### FEE TRANSMITTAL

Attorney Docket No.	Q170-US1
First Named Inventor:	BELHAROUAK, Ilias et al.
Application Number	10/612,439
Filing Date:	July 1, 2003
Examiner Name:	1795
Group/Art Unit:	John Maples

<b>TOTAL AMOUNT OF PAYMENT:</b>	\$
<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card</p>

#### 2. UTILITY Basic Filing Fee & Claims


(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	26 - 64 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
Total of above Calculations =			\$0.00

#### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	5/26/2009